

INVENTEK

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Fax**RECEIVED
CENTRAL FAX CENTER****JUL 07 2005****Patent Application Ser. No.:** 10/791,305**Ref./Docket No:** ESKO-038US**Applicant(s):** Klein, et al.**Examiner.:** Leslie J. Evanisko**Filing Date:** March 2, 2004**Art Unit:** 2854**FAX COVER PAGE**

TO: Mail Stop Amendment
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Fax No.: 703-872-9306**DATE:** July 7, 2005**FROM:** Dov Rosenfeld, Reg. No. 38687**RE:** Response to Office Action*Number of pages including cover:* 24**OFFICIAL COMMUNICATION**

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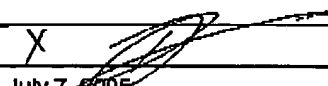
Name: Amy Drury

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|--|----------------------|--------------------|--|
| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> | Application Number | 10/791,305 | RECEIVED CENTRAL FAX CENTER JUL 07 2005 |
| | Filing Date | 2 Mar 2004 | |
| | First Named Inventor | Klein, Thomas | |
| | Group Art Unit | 2854 | |
| | Examiner Name | Leslie J. Evanisko | |
| Attorney Docket Number | | ESKO-038US | |

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> <input type="checkbox"/> After Final <input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; padding: 2px;">Return Postcard</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> |
| Remarks | | |

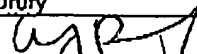
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| Firm or Individual name | Dov Rosenfeld, Reg. No. 38687 |
| Signature |  |
| Date | July 7, 2005 |

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